

Case Number:	CM14-0183234		
Date Assigned:	11/10/2014	Date of Injury:	07/24/2013
Decision Date:	12/26/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male with date of injury of 07/24/2013. The listed diagnoses per the treating physician from 09/19/2014 are: Status post left shoulder arthroscopy from 06/09/2014 and Right greater than left radial carpal tunnel syndrome. According to this report, the patient notes left shoulder pain with gradual improvement and left forearm pain. He rates his pain 5/10. The patient also complains of left wrist/hand pain, right forearm/wrist pain at a scale of 3/10 to 5/10. His medications include hydrocodone, naproxen, and Omeprazole. He denies any side effects. The objective findings show tenderness on the left shoulder. No signs of infection. Left wrist and right forearm, and left forearm exam has remained unchanged. The 07/23/2014 report shows that postoperative physical therapy to the left shoulder facilitates diminution of pain and improved range of motion. He rates his pain 5/10 on the left forearm and right forearm, including the wrist. The patient utilizes naproxen and PPI and denies any side effects. There is tenderness on the left shoulder. Range of motion remains limited. Conditioning of the left deltoid musculature remains decreased. The examination on 08/21/2014 showed range of motion of the left shoulder is at 110 degrees at abduction, 120 degrees at forward flexion, 80 degrees at external rotation, and 80 degrees at internal rotation. Impingement signs are negative. The documents include the operative report for the left shoulder on 06/09/2014, urine toxicology reports from 06/06/2014 and 07/23/2014, and progress reports from 03/26/2014 to 09/19/2014. The utilization review denied the request on 10/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with left shoulder, left forearm, left wrist/hand, right forearm/wrist pain. The patient is status post left shoulder surgery from 06/09/2014. The provider is requesting Omeprazole 20 mg quantity #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient was prescribed Omeprazole on 06/09/2014. In the same report, the patient was noted to have a history of GERD. Given that the patient is currently on NSAIDs with noted gastrointestinal issues the continued use of Omeprazole is reasonable. Therefore, this request is medically necessary.